

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE:** February 25, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

12 PT, Physical Therapy 2 x week x 6 weeks to Right Shoulder.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The reviewer is certified by the American Board of Orthopedic Surgery with over 42 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a who injured her right proximal humerus when she fell at work on xx/xx/xx.

12/07/14: The claimant was evaluated. It was noted that she had received physical therapy for a total of 34 visits since her initial evaluation on 08/01/14. She had 75-80% improvement. Her functional improvements included dressing, eating, sleeping, sitting, lying, down, and range of motion. She had functional problems with dressing, sleeping, lying supine, driving, reaching, cleaning house, range of motion, strength, return to full ADL, and function at work. Treatment had consisted of range of motion activities, manual therapy, edema/effusion control, flexibility, posture re-education, patient education, home exercise instruction and/or update, and modalities. On exam, her PROM supine: flexion to 155 degrees. ER 50 degrees. IR 35 degrees. ABD 109 degrees. ASSESSMENT: Patient overall progressing well with return to full PROM/AAROM. She will benefit from skilled PT for reaching stated goals below. Short Term Goals: 4 weeks: Patient will increase PROM AAROM to 95% of normal values, patient will increase

strength by 1/2 grade all planes right shoulder. PLAN: Patient will continue with physical therapy 2-3 times a week for 4 weeks.

12/11/14: The claimant was evaluated. She had the following new measurements: PROM: FF: 155 degrees. ER: 55 degrees. IR: 36 degrees. She was to continue physical therapy as tolerated.

12/16/14: The claimant was evaluated for right shoulder pain. It was noted that she was seen in follow up for a right proximal humerus fracture sustained on xx/xxx/xx when she slipped on water in the break room at work while carrying food for a training class. She reported on this visit that her shoulder felt great. The only time her shoulder ever hurt was during physical therapy. Otherwise, she had no discomfort in her shoulder. It was also noted that "they just recently started working on strengthening in PT." She denied numbness, tingling, nausea, vomiting, fevers, chills, or difficulty sleeping. On exam, she had no focal tenderness on inspection/palpation. Range of motion: AFF 130, PFF 140, ER 45, ABD 85. She had mild weakness in the right rotator cuff. No joint instability on provocative testing. Motor and sensation were intact distally. Muscle tone and bulk were normal. Hand was neurovascularly intact. No skin lesions or discoloration. Normal capillary refill, radial artery pulse 2+, ulnar artery pulse 2+. 4-view x-rays of the right shoulder showed what appeared to be a healed surgical neck and greater tuberosity fracture; overall good alignment; minimal fracture line visible. noted that she was able to go about all of her activities without limitation. She had returned to work without issue. He advised that she continue working on her strengthening as her rotator cuff was still weak. He updated her physical therapy prescription. She was to return in 2-3 months for follow up to check her progress. Longterm, her outlook was good.

12/22/14: UR. RATIONALE: Based upon the available medical documentation and current clinical guidelines, with no significant functional improvement with 34 therapy visits already performed, the requested additional physical therapy 2 x 6 weeks to right shoulder is not considered to be reasonable or medically necessary.

12/20/14: UR. RATIONALE: Regarding physical therapy for the right shoulder, a prior denial of the requested intervention is noted. Prior report notes that there is no significant functional improvement with the 34 therapy visits already performed. ODG-TWC recommends 18 visits over 12 weeks for medical treatment of fracture of humerus. In this case, the claimant appears to have sufficiently attended the recommended physical therapy services and there is no discussion of how the additional recommended treatment will differ and is expected to yield a different or better outcome. At this point, the claimant is expected to be well-versed in an independent home exercise program to address the remaining deficits. Thus, the medical necessity for the proposed intervention is not established.

01/21/15: A letter notes that the claimant has regained most of her range of motion, but she continues to have weakness in her rotator cuff. He stated that "given the complexity of her fracture, we do not believe it is unreasonable for her

to still have weakness in her shoulder. We do believe that with these extra sessions, she will be able to regain full function, allowing us to release her to work full duty without restrictions.”

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The previous adverse decisions are upheld. The claimant has returned to work. Her range of motion is good. Her weakness would likely respond better to a good home exercise program aimed at strengthening. The records indicate that she has already been taught a home exercise program. The ODG recommend 24 visits over 14 weeks for post-surgical treatment after a fracture of the humerus. The claimant has already attended more than the recommended treatment sessions. Therefore, the request for 12 PT, Physical Therapy 2 x week x 6 weeks to Right Shoulder is not medically necessary.

ODG:

Physical therapy	<p><b>ODG Physical Therapy Guidelines –</b></p> <p>Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the <a href="#">ODG Preface</a>.</p> <p><b>Fracture of humerus (ICD9 812):</b></p> <p>Medical treatment: 18 visits over 12 weeks</p> <p>Post-surgical treatment: 24 visits over 14 weeks</p>
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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &  
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY  
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR  
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW  
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &  
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**